CBC ANNUAL LEADERSHIP CONFERENCE 2005, HEALTHCARE FORUM

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. KUCINICH. Mr. Speaker, the following is a copy of a speech given by me for insertion into the CONGRESSIONAL RECORD.

Thank you for inviting me to the CBC Annual Meeting. I am honored to be here.

I want to impress on you today that addressing our national health crisis is well within our reach. In fact, there is only one truly sustainable solution and that's universal, single payer, not for profit health care.

We have all heard the statistics. Almost 46 million are uninsured. Only 5 percent of them are unemployed. 8.4 million children were uninsured in 2003. Over a third of the poor and more than a quarter of the near-poor lack coverage.

What does that mean for them? They are less healthy. They don't get adequate preventative care. For example, uninsured children are 70 percent more likely than insured children not to receive medical care for common conditions like ear infections. And an uninsured person has a 25 percent higher risk of dying than an insured person. This translates to 18,000 deaths per year in the U.S. that are attributable to lack of insurance coverage.

Being uninsured or even underinsured also takes a huge financial toll. Medical bills are the number one cause of personal bankruptcies. That will affect the ability to buy a home or make other large purchases that help define the American dream.

It's not hard to see why the U.S., when compared to other developed countries, has the lowest indicators of health. We have the lowest life expectancy and the worst continuity of care. We have the highest infant mortality rate and maternal mortality rate.

And yet our per capita health care spending is almost twice the average of developed countries that have universal coverage. That is largely because of gross inefficiency. Private health insurance overhead ranges from 12–30 percent while Medicare's is consistently about 2–3 percent.

In a nutshell, we're already paying for high quality, universal health care—we're just not getting it.

Now we already have a system that is a model for where we need to go. It's called Medicare. H.R. 676, which I am proud to have developed with my friend and colleague, Mr. CONYERS, would simply expand and improve Medicare. Under this plan, Medicare for All, every person in the country will receive comprehensive health care and every person will pay less. It doesn't cost any more than our nation currently spends on health care. It simply reallocates the money to better uses.

Here's how it works. It would give everyone living in America, including immigrants, a health care card. That card would guarantee coverage at any hospital, any clinic, and any doctor that a patient wants to use. Coverage would also be guaranteed for the entire range of patient's medical needs, from preventative care screening to prescription drugs to dental care to long-term care.

The wasted and excessive funds in our current health care system are so great that under Medicare for All, no patient would ever pay a premium, a deductible, a co-payment, or even see a bill for needed medical care. Cost would no longer be a worry for families or a reason for bankruptcy.

Medicare for All would also address the quality of health care. There are often no standards, or there are different standards for different people. If you're black, or if you're Hispanic, you know that the health care you receive is, too often, not the same as other people receive.

There should be a single standard of care, determined by a group of qualified medical professionals. Under Medicare for All, a new National Board of Universal Quality and Access would be established. The Board would include health care professionals, nurses, representatives of institutional providers of health care, health care advocacy groups, labor unions and citizen patient advocates. This Board is critical because it puts control of health care in the hands of providers and health experts instead of insurance companies and software writers.

The first priority of the Board would be to create a universal, best quality standard of care. This standard would determine appropriate staffing levels and appropriate medical technology. This standard would also cover design and scope of work in the health workplace. So, no matter what a patient looks like or where in the country the patient is treated, the health care standards are the same. Even if you already have health insurance now, the medical care you would receive under Medicare for All would be better.

Finally, Medicare for All would hold health care facilities accountable to the universal, best quality standard of care. Hospitals, clinics and other facilities would no longer be able to keep internal data secret, such as staffing ratios, medication errors, misdiagnoses or infection rates. As it stands, patients cannot compare health care quality data from hospital to hospital. Making that data public would ensure accountability. It would help facilities learn what problems need to be addressed. It would encourage them to do even better to deliver the best patient care possible.

Who supports such a health care system? About two thirds of Americans agree that the federal government should guarantee medical care for Americans. 58 percent of medical students and faculty favor a Medicare for All type of system. Multiple Deans of Medical Schools, the former Editor of the New England Journal of Medicine, about 40 percent of small business owners have all expressed support. The three major auto manufacturers (Ford, GM, and Daimler-Chrysler) in Canada have all publicly endorsed Canada's health system specifically because it lowers their costs so much that it gives them a significant competitive advantage over their U.S. counterparts in Detroit. This is an important point that resonates with lawmakers.

I am excited to report that H.R. 676 now has over 50 cosponsors and the list is growing. It includes rank and file as well as several ranking members with seniority; 15 members of the CBC as well as the Hispanic Caucus, the Progressive Caucus, the New Democrats; members that have cosponsored the bill since it was first introduced in 2003 and members who have heard about the growing movements in their states and have signed on for the first time.

I want to close by saying that I think you'll find that when you talk to people who follow health care policy closely and ask them what they think about H.R. 676 you're highly likely to get the same answer I usually get—Yes, it's the best system out there and would solve many of our health care problems, but it's just not politically feasible. That is not a good enough reason to avoid one of the biggest issues of our time. I usually just smile and tell them this: with health care costs rising faster than inflation with no end in sight and with the abject failure of managed care to contain those costs; and with the number of uninsured growing steadily; and with American companies losing their competitive edge because they are paying so much more for health care than other developed countries, the opposition cannot prevail much longer. Universal, not for profit single payer health care is not only feasible—it's inevitable.

MARY M. CROSS: A POINT-OF-LIGHT

HON. MAJOR R. OWENS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

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Mr. OWENS. Mr. Speaker, as a result of recent events related to the E-Rate the education community pauses to honor Dr. Mary Cross for her unwavering commitment to the development and implementation of the E-Rate program, which is making the most advanced communications technologies available to children and adults across the nation, regardless of their race, ethnicity, social or economic status. Before the E-Rate program was implemented in 1997, very few American classrooms had the necessary wiring to connect many children and educators to the world of information outside textbooks and small school library collections. As a result community libraries lacked much of this needed infrastructure to serve the needs of but a few patrons at a time.

The role played by Dr. Cross in the early fights to establish the E-Rate was a critical one which established Dr. Mary M. Cross as a Point-of-Light for all Americans.

After Congress passed the Telecommunications Act of 1996, the E-Rate program started to help schools and libraries install and pay for advanced telecommunications resources, giving greatest priority for funding to economically disadvantaged schools. As a result of persistent advocacy and commitment over its 8-year life, the program has provided over $2 billion annually to districts. This has meant accelerating the pace at which technological innovations have entered America's classrooms, a pace that was unimaginable before the E-Rate program.

Unfortunately, some corporate giants tried to kill the E-Rate program by trying to cut services. In addition, many education groups were not in total agreement about key issues, which resulted in the E-Rate wars. We appreciate Dr. Cross's work at the American Federation of Teachers, as she fought vigorously in establishing and implementing this vital program by working tirelessly with her education group colleagues, the administration, the Congress, and friendly business interests.

We are equally thankful for her responsiveness by giving updates at several Education Braintrust meetings over the years. Her work assured that African American leadership and the community at-large were aware of and engaged in the advocacy needed to launch this program.

Mary Cross was born and raised in my hometown of Memphis, TN during the overt and brutal era of legal segregation in America. By tackling racial and gender barriers, she was part of the third class of women ever admitted to Lincoln University (PA) and later